

Affix Patient I.D. Here

COMPLETE THIS FORM WHENEVER THE PATIENT'S DRUG OR DOSE IS CHANGED DURING FOLLOWUP.

1 Date retitration began: DATE 18
__/__/__
mo dy yr

PREVIOUS STUDY DRUG AND DOSE

DRUG 18 2 ☐₁ CAST-ENC ☐₂ CAST-FLEC ☐₃ CAST-MOR
DOSE 18 ☐₁ Dose 1 ☐₂ Dose 2 ☐₃ Other: mg/day

PRIMARY REASON FOR RETITRATION (Check only one)

REASON 18 3 ☐₁ Heart block (Mobitz II, advanced or complete)
☐₂ Adverse ECG effects
☐₃ Congestive heart failure
☐₄ Apparent proarrhythmia
☐₅ Late adverse effects (miscellaneous)
☐₆ Other

4 Amplify details of primary reason

STUDY DRUGS ASSIGNED

List X-bottles assigned during this retitration:

X-bottle number	Drug			Dose		Tolerated	
	CAST ENC	CAST FLEC	CAST MOR			Yes	No
=1 5 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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site hos drg bottle# chk

OUTCOME OF RETITRATION

TXASN 18 10 ☐₁ CAST Therapy ASNDRG 18
☐₁ CAST-ENC ☐₂ CAST-FLEC ☐₃ CAST-MOR
☐₁ Dose 1 ☐₂ Dose 2 ☐₃ Other: mg/day ASNDOS 18
ASNMG 18
☐₂ Individualized therapy (Complete Individualized Therapy)
☐₃ Patient died (or resuscitated cardiac arrest)
(Complete Death or Cardiac Arrest form, CAST 23)
☐₄ Patient refused further followup
(Complete Withdrawal form, CAST 25)

Name of person filling out form

Code Number

RETITRAT
CAST 18.01
6/18/87
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